



Welcome to the 26th edition of the ARASA newsletter.

We trust the year has begun on a high note and wish you a successful and productive 2018!

2017 was a period of reflection for us as we conducted an external evaluation of our work during the previous Strategic Plan period from 2013 to 2017 and implemented the recommendations of the evaluation during the latter half of the year. We also engaged partners and trustees in the development of our new Strategic Plan for 2018 to 2022, which will be finalised during the first quarter of 2018.

In this edition of the newsletter we share the outcomes of activities implemented in the last quarter of 2017, including our work to increase the cadre of HIV, TB and human rights activists in southern and east Africa and to remove legal barriers in Botswana, Kenya, Malawi and Seychelles through the Africa Regional Grant on HIV: Removing Legal Barriers supported by the Global Fund to Fight AIDS, TB and Malaria.

We also update you on our work with the African Commission on Human and Peoples' Rights (ACHPR) Committee on the Protection of the Rights of People Living with HIV and Those at Risk, Vulnerable to and Affected by HIV (HIV Committee).

ARASA staff ended their year through participation in the International Conference on AIDS and STIs in Africa (ICASA) hosted in Abidjan, Cote d'Ivoire early in December last year. A key focus of our engagement during the conference was to advocate for an increased focus on structural barriers to HIV prevention.

You can read about all this exciting work in this newsletter.

Should you have any questions, comments or contributions for future editions of the newsletter, please email. communications@arasa.com.

For updates and more information on ARASA's work, visit our website on www.arasa.info, connect with us on Facebook and on Twitter ([@_ARASACOMMS](https://twitter.com/_ARASACOMMS)).

Until next time!

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Growing the cadre of HIV, TB and human rights activists in southern and east Africa



On 10 November 2017, at the conclusion of module 4 of the 2017 ARASA Annual Training of Trainers (ToT) programme on HIV, tuberculosis (TB) and human rights, ARASA hosted a graduation ceremony for 35 participants who were awarded with certificates of competence. The following seven participants received special awards for outstanding performance during the year and for their commitment to the programme:

ARASA Trainer of the year: Pauline Tlhako, Botswana

First runner up Trainer's Trainer award: Kelvin Makura, Zimbabwe

Second runner up Trainer's Trainer award: Ndume Elie, Democratic Republic of Congo

Trainer's Trainer 2017 Award: Linda Baumann, Namibia

Facilitator of the year Award: Zee Ndlovu, MSF, South Africa

Since 2008, ARASA has created a regional cadre of 326 HIV, TB and human rights activists from 18 countries. The ToT forms the cornerstone of ARASA's capacity strengthening work and has been confirmed as an effective vehicle for strengthening the capacity of civil society in southern and east Africa during an external evaluation of ARASA's work from 2012 to the end of 2016.

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As in previous years, the 2017 ToT programme enrolled 36 participants - two from each of the 18 countries in southern and east Africa where ARASA works. The four, week-long modules included various topics ranging from HIV and human rights to project management, treatment literacy and intellectual property.

Throughout the year, ARASA documented evidence of increased knowledge and skills among participants, who also reported having used the skills and knowledge to influence changes in their organisations and to implement advocacy activities.

One participant reported having made recommendations to their organisation to strengthen their visibility and communicate their work to external partners in an effort to increase their support and funding base. Other participants reported having transferred the new learning at the national level, as illustrated by the following quotes:

“Module 2 was the most interesting for me because I learned so much in project management and M&E and so on. I shared all these modules with my friends and colleagues when I went back to Mauritius. Thank you ARASA.” Stephanie Momus, Mauritius

“I particularly enjoyed the session on advocacy and lobbying which was also eye opening. It is mostly inspiring [these sessions] that I went home and decided to work with other colleagues. Basically, what was done on my return was to go over the training material, prepare a presentation to all staff and highlight some key issues about HIV, TB and Human Rights. It is now a tradition that on our Monday Socialising meetings we have ongoing discussion on issues related to these three topics and what we can do as individuals and as an organisation to try and contribute towards improving the current scenario.” Lucilia Agostinho, Mozambique

“This ToT has been very inspirational [and] very powerful because before coming here I didn’t know how I could do presentations. But through module 1, 2 and 3 I have improved my skills a lot. I can now do budgeting. I can do project management. I now understand the concept of a rights-based approach and [the link between] human rights, TB and HIV and health-related rights.” Stephen Anguva, Kenya.

ARASA will welcome the 2018 intake of the ToT Programme during the first workshop, scheduled for 19 to 23 February in Johannesburg, South Africa. The ARASA team received over 225 applications for the 2018 programme and selected 36 participants who represent diverse constituencies including lesbian, gay, bisexual, transgender and intersex (LGBTI) people, people who use drugs, young people living with HIV, religious leaders, media practitioners and healthcare workers. The majority of those selected, work at the community level, which should ensure that advocacy and information gained through the ToT participation is cascaded to communities living in the most remote areas.



To see more reflections on the impact of the 2017 ToT from the participants visit:

<https://youtu.be/tLQP-dPx1Kw>

Removing legal barriers to protect and promote human rights

Since 2015, ARASA has been a sub-recipient of the first of its kind Global Fund against HIV, TB and Malaria Africa Regional Grant on HIV: Removing Legal Barriers, together with Enda Santé, the Southern Africa Litigation Centre and Kenya Ethical and Legal Issues Network (KELIN). The grant is administered by UNDP and aims to (1) strengthen evidence-based law reform to support improved delivery of and access to HIV and TB services for key populations; (2) improving the legal environment that provides rights based protections through access to justice and enforcement of supportive laws for key populations; and (3) protecting key populations in the event of human rights crises which impede access to HIV and TB services.

The grant has significantly strengthened ARASA's ability to support partners in Botswana, Kenya, Malawi and Seychelles to address challenges presented to access to HIV and TB services for key populations and people living with HIV by the legal environment through the provision of technical and financial assistance. At the regional level, ARASA works to strengthen the capacity of national human rights institutions to contribute to a rights-based HIV and TB response in their countries amongst others.

Here are some highlights of the work ARASA implemented in 2017 with the support of this grant.

Second Africa Regional Dialogue on HIV, TB and the Law



On 3 and 4 August 2017, exactly six years after the first Africa Regional Dialogue on HIV and the Law was hosted in Pretoria, South Africa, ARASA and the UNDP Regional Service Centre for Africa, hosted the second Africa Regional Dialogue on HIV, TB and the Law in Johannesburg, South Africa.

The dialogue brought together 144 participants from various government Ministries, the judiciary, civil society, members of parliament and National Human Rights Institutions from across Africa. The civil society participants were selected based on briefs they submitted, outlining the impact of the law in relation to their ability to protect themselves from HIV and TB or to access treatment and care.



Eusebius_McKaiser.jpgThe dialogue was moderated by political analyst and broadcaster, Eusebius McKaiser and was framed around the following thematic areas: 1) stigma and discrimination, legal

aid responses, legal frameworks and access to justice; 2) laws and practices that mitigate or sustain violence and discrimination lived by women; 3) laws and practices that facilitate or impede HIV- and TB-related treatment access; 4) laws and HIV pertaining to children and young people; and 5) practices that effectively criminalise people living with HIV, people with TB and key populations.

During the opening ceremony, Advocate Bience Gawanas, Former African Union Commissioner for Social Affairs and former Commissioner of the Global Commission on HIV and the Law highlighted the importance of recognising what has been done since the first Africa Regional Dialogue and what still needs to be done: “We know that there have been some important signs of progress. Many countries have conducted assessments of their laws to identify human rights violations, gaps and challenges in laws that criminalise key populations. Engagement with parliamentarians and government has resulted in law reform to better protect the rights of vulnerable populations, like women, and to remove discriminatory and punitive provisions around HIV. The judiciary have been active and have supported protection of the rights of people in the face of discriminatory laws and practices. There have been important engagements with the police, helping to reduce violence against key populations. Let’s speak out today about what has worked and can be replicated across the continent, and what has not worked that needs changing,” she explained.



During the day preceding the dialogue, civil society and government officials met in separate groups to prepare for the dialogue. During the dialogue itself, participants discussed how laws, policies and practices have changed, if at all, how information, sensitisation and education has helped to empower populations and to change attitudes, if at all, and whether populations are better able to access support and mechanisms to enforce their rights. Participants highlighted challenges that continue to face people living with HIV and TB, vulnerable and key populations. They also explored critical actions needed to accelerate efforts to eradicate stigma, discrimination and human rights violations, to end AIDS by 2030.

The Second Africa Regional Dialogue on HIV, TB and the Law was an important opportunity to allow civil society and government to discuss key HIV/TB, law and human rights issues of regional and national concern in Africa. The Dialogue, however, reminded us that there remain gaps, challenges and barriers to universal access to HIV-related health care for people living with HIV, people with TB and key populations in Africa. It provided an opportunity to showcase the positive impact of successful rights-based interventions to review and reform law and policy and to strengthen access to justice and law enforcement, and prioritise what more was needed to end HIV and TB-related discrimination and achieve targets for ending AIDS and TB.

Despite protection in law and policy, people living with HIV continue to report stigma and discrimination in their homes, communities, workplaces and within the health care sector. In addition, it appears that vulnerable populations and key populations (such as women, young people, sex workers, gay men and men who have sex with men, transgender people, people who inject drugs, prisoners and mobile and migrant populations) are disproportionately impacted by HIV-

related discrimination. Of particular concern, people living with HIV, vulnerable and key populations still report problems with access to justice and the implementation and enforcement of laws.



There are however positive signs of progress towards removing problematic provisions within HIV laws in the region to increase protection for people living with HIV, vulnerable and key populations. For example, countries in west and southern Africa have reviewed or removed overly broad provisions that criminalise HIV transmission, exposure and/ or non-disclosure in laws or draft laws. 51 of 53 reporting African Union (AU) member states have integrated human rights issues to promote human rights, gender equality and to reduce stigma and discrimination into their HIV national strategic plans (NSPs) and policies. It is recommended that countries legally provide for legal aid services for people living with HIV, people with TB, and marginalised populations, and ensure adequate funding for such services and for existing justice mechanisms, including courts and national human rights institutions.



The dialogue also highlighted that women still experience inequality and violence, due to social, religious, cultural and traditional norms and practices and it was recommended that governments much respond to these tensions. “Even with better laws and protection of fundamental freedoms, gender inequality and harmful norms like female genital mutilation and child marriage still persist. Marital rape is not recognised as an offence in many countries,” stated a participant from civil society in their submission. Submissions to the dialogue also identified the inadequate implementation, integration and enforcement of laws, policies and programmes as a major obstacle to achieving gender equality and eradicating gender-based violence. They spoke of the need for governments and civil society to move beyond commitments to ensuring accountability for their commitments. Submissions also discussed concrete interventions needed, over and above developing protective laws and policies, to make these rights real. The economic empowerment of women was identified as a priority. In order to effectively address gender-based violence, participants recommended involving men as champions to support women’s equality rights, increasing awareness of protective laws and strengthening effective and integrated programmes based on laws and policies, to protect women from harmful gender norms and gender-based violence.

The dialogue highlighted that all reporting AU Member States identify young women and young men as a key population in their (NSPs) on HIV, targeting programmes to reach young people with prevention, treatment, care and support. New children’s laws in AU member states, protect the

rights of the child in accordance with the Convention on the Rights of the Child, 1989. In addition, some of these laws as well as a number of the HIV-specific laws in AU member states provide specific protection for children in the context of HIV, provide for the age at which children can consent to HIV testing and provide social protection to support orphans and vulnerable children.



Participants stressed the need to prioritise young people and to ensure that law and policy makers reviewed and enforced all relevant laws and policies in order to promote the best interests of the child in the context of HIV and sexual and reproductive health and rights. However, they also noted the need for effective programmes and services, over and above laws, to ensure that all young people had access to comprehensive sexuality education, even in contexts where religious and cultural beliefs made this complex.

One of the major successes of recent efforts to respond to HIV, as well as TB and malaria, in Africa has been the increased access to medicines, testing kits and other pharmaceutical products. This has resulted in significant reductions in AIDS-related deaths, has increased case detection of HIV and TB, has reduced the risk of people living with HIV developing TB and has lowered the risk of death amongst people with HIV and TB co-infections. Despite the progress in increasing access to affordable medicines and treatment, there continues to be numerous barriers to people living with HIV and people with TB accessing treatment. At the level of law and policy, many countries also still need to strengthen patent laws, to exclude patents on new forms and uses of an existing medicine, make provision for pre- or post-opposition to patent applications and to ensure that undeserving patents are not awarded. Law review and reform is required to ensure that patent laws are strengthened and broad anti-counterfeit laws that limit access to generic medicines are reviewed. Participants also recommended that countries work together to harmonise HIV and TB treatment guidelines and regimens regionally, to address the health and treatment needs of migrant and mobile populations.



It was noted with concern that around 30 countries in Africa still have existing or draft laws criminalising HIV transmission, and in some cases exposure and/or non-disclosure, including for negligent or reckless conduct, with the most recent enactment in 2106. Some countries have used punitive public health measures to criminalise people living with TB for refusing to take or adhere to

treatment. In other countries, people living with TB are subjected to involuntary treatment, isolation, detention or imprisonment. The dialogue recommended that law-makers continue to take steps to review, repeal and refrain from enacting overly broad laws to criminalise HIV transmission, exposure and non-disclosure and that civil society continue to work with partners to advocate with parliamentarians, providing expert medical and scientific evidence as well as human rights and public health evidence on the harmful impact of criminalisation provisions.

You can read the full meeting report which outlines how the legal environment has become more enabling or repressive and makes recommendations [here](#).

Second African National Human Rights Institutions Capacity Strengthening Convening



ARASA and the Network of African National Human Rights Institutions (NANHRI) hosted the second four-day regional capacity strengthening meeting for National Human Rights Institutions (NHRIs) in Johannesburg, South Africa from 4 to 7 September 2017 with support from the Africa Regional Grant on HIV: Removing Legal Barriers.

Recognising that NHRIs have a significant role to play in creating an enabling legal environment and strengthening access to HIV and TB prevention, treatment, care services for key populations (men who have sex with men, transgender persons, people who use drugs and sex workers), the 2nd Regional Capacity Strengthening meeting for NHRIs brought together 35 senior NHRI representatives and 15 key population representatives from across Africa.

The overarching theme of the meeting was “Promoting and Protecting the Rights of Key Populations: Making Rights a Reality”. The meeting focused on various topics including access to justice for key populations; collaboration between NHRIs, civil society, legislators and regional human rights mechanisms; and strengthening the efficacy of NHRIs.

Building on the first regional convening, delegates highlighted that significant work had been to address the needs and challenges of key populations in Africa. However, the lack of comprehensive data around key populations hindered responses to some of the human rights violations experienced by key populations. This, delegates argued, could be solved, in part, by including key populations in key decisions making processes. It was then agreed that NHRIs must use an intersectional framework that not only deepens understanding of HIV and human rights violations,

but also presents an opportunity to advance greater access and dignity for all persons. Participants committed to the strengthening efforts to work with civil society organisations, activists and media practitioners working specifically with key populations, to promote and protect the right of all persons.

You can read the full report [here](#).

National Advocacy Convening meetings in Botswana, Kenya, Malawi and Seychelles

Between May and October 2017, ARASA provided technical and financial support to partners in Botswana, Kenya, Malawi and Seychelles to host National Advocacy Convenings aimed at providing a platform for discussion on the issues of stigma and discrimination, violence towards communities of key populations and good practices and lessons learned for rights-based responses, in order to better protect and promote the rights of key populations.

The meetings, which were hosted jointly with National AIDS Councils, Ministries of Health, National Human Rights Institutions and civil society partners, convened around 45 participants at each convening from key populations, human rights organisations, AIDS service organisations and government agencies, including healthcare service providers.

In Kenya, participants made several recommendations to strengthen advocacy related to legal barriers, including a call for efforts to strengthen stakeholder partnerships and coordination of civil society participation within policy spaces and frameworks such as technical working groups. It was also agreed that key partners and stakeholders should be sensitised on the impact of laws on the HIV and TB response and that there should be better coordination of research and documentation in this regard. A 15-point plan of action for strengthening advocacy to reduce violence and discrimination against key populations was adopted. You can read the full meeting report [here](#).

In Malawi, it was recommended that effort to advocate and lobby for the repeal and reform of all punitive laws that impinge on the health rights of key and vulnerable populations (as well as fuel violence, stigma and discrimination) should be strengthened. Participants also called for the implementation of protective policies, strengthening of key population networks and strengthening of coordination mechanisms for key and vulnerable populations, including the establishment of a stand-alone technical working group on Key Populations in the National AIDS Commission. You can read the full meeting report [here](#).

You can read the Botswana National Advocacy Convening Report [here](#).

You can read the Seychelles National Advocacy Convening Report [here](#) and the Seychelles National Advocacy Plan 2018-2019 [here](#).

ARASA at ICASA: Creating demand for Differentiated Models of ART Service Delivery

ARASA and the International Treatment Preparedness Campaign (ITPC) launched a toolkit to support the creation of demand for differentiated models of ART service delivery, titled: 'What Works for

Me: Activist Toolkit on Differentiated Service Delivery’ during the International Conference on AIDS and STIs in Africa (ICASA) in December 2017.

“HIV has become a manageable chronic illness,” said Michaela Clayton, Director of ARASA in a statement announcing the launch. “People living with HIV understand how their treatment works and the importance of adherence, so services should be provided in a way that suits the daily lives of people living with HIV. This makes adhering to treatment easier and respects a rights-based approach to service delivery.”



The toolkit presents practical strategies for people living with HIV, groups of people who are at increased risk of HIV infection, such as adolescents and key populations, including men who have sex with men, people who inject drugs, sex workers and transgender people to advocate for better quality of care.

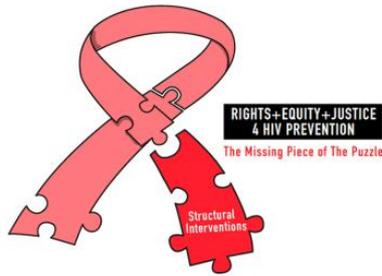
“Our response to HIV is to empower people from different communities across the globe to access treatment on their own terms,” said Solange Baptiste, executive director of ITPC. “We believe that this activist toolkit will help affected communities to understand how to demand treatment that is context-specific, informed by evidence, community-led and people-centered. This new toolkit not only educates people about their own treatment needs, but empowers them to demand better access,” she added.



Download [What Works for Me: Activist Toolkit on Differentiated Service Delivery](#) (English, PDF).

Download [What Works for Me: Activist Toolkit on Differentiated Service Delivery](#) (French, PDF).

ARASA at ICASA: Demanding an increased focus on structural interventions for HIV prevention



On 6 December 2017, alongside the 19th International Conference on AIDS and STIs (ICASA) in Abidjan, Côte d'Ivoire, ARASA, with support from the International HIV/AIDS Alliance through the Partnership to Inspire, Transform and Connect the HIV response (PITCH programme, funded by the Dutch Government) and the East and Southern Africa Platform on HIV Prevention hosted a dialogue titled: "Missing piece of the puzzle: Rights + Equity + Justice 4 HIV prevention". The session provided a platform for civil society, representatives of United Nations Agencies, a representative of the African Union and other stakeholder to explore how stakeholders can capitalise on the re-energisation of the HIV prevention agenda to scale up structural interventions in an effort to create an enabling environment for youth, adolescent girls, key populations and others to prevent HIV infection.

In 2016, United Nations Member States committed to ending AIDS as a public health threat by 2030 and reducing new HIV infections in young people and adults (aged 15 and older) in Southern and East Africa by 75 %, with a focus on preventing and addressing the devastating effects of this epidemic on women and adolescent girls. Since then, a 29% decline in new HIV infections (between 2010 and 2016) has been reported in the region. However, the HIV epidemic in Southern and East Africa continues to disproportionately affect women and girls, with young women (aged 15 to 24 years) accounting for 26% of new HIV infections in 2016 despite making up only 10% of the population. Key populations, including sex workers, men who have sex with men, transgender persons, and people who use drugs, also continue to have disproportionately high rates of HIV infection and access to services does not meet the demand.



"While 2017 has witnessed renewed emphasis on HIV prevention including the launch of a Global Coalition on HIV Prevention, several regional meetings on revitalising HIV prevention in Southern and East Africa and national target setting for HIV prevention, a focus on structural interventions is sorely lagging behind," explained Felicita Hikuam, Deputy Director of ARASA during the panel discussion.

Other panelists included Laurel Sprague of the Global Network of People living with HIV and member of Global HIV Prevention Coalition; Sabelo Mbokazi from the African Union Commission; Innocent Modisaotsile from the United Nations Population Fund (UNFPA); Joan Chamungu from the Tanzania Network of Women living with HIV and AIDS (TNW+) and Millicent SETHAILE from the African Youth Adolescents Network (AFRIYAN).

Watch a short film, screened during the session to provide a background to the discussion here: <https://www.youtube.com/watch?v=0gYG6JTao6w> which explains the importance of structural interventions for HIV prevention.

Working with the African Commission to promote and protect human rights

In 2012, ARASA was granted observer status at the African Commission on Human and People's Right (ACHPR), which enables ARASA to participate directly in the Commission's activities. Along with all other non-governmental organisations that have observer status, ARASA can have access to the ACHPR documents such as final communiqués of the Ordinary Sessions and other relevant documents. ARASA and other NGOs with observer status can prepare “shadow” reports on the human rights situation in their countries to enable the Commission to have a constructive dialogue with a state representative when that country's periodic report is being considered.

From 1 to 9 November 2017, ARASA attended the 62nd Ordinary Session of the ACHPR as well as the preceding NGO Forum to represent the concerns of the ARASA partnership to the Commission.



During the Session, ARASA delivered a statement on the criminalisation of HIV transmission, non-disclosure, and exposure, which was developed with the Southern Africa Litigation Centre (SALC) and other civil society organisation. The statement highlighted violations of human rights that stem from laws and policies that criminalise HIV transmission, exposure and/or non-disclosure in the region. “These provisions are overly broad and disregard the best available scientific evidence. They fail to pass the human rights test of necessity, proportionality and reasonableness; rather, they have the effect of exacerbating stigma, discrimination and prejudice against people living with HIV. These measures undermine both an effective public health response to the HIV epidemic, as well as the human rights of people living with HIV,” according to the statement.

ARASA will continue to engage the Commission and other organisations who attend the Sessions to ensure that this topic remains on the radar of the various Commissioners, with a focus on the HIV Committee of the Commission.

During the 62nd Session of the ACHPR, a report on HIV, the law, and human rights in Africa, conducted by the HIV Committee in collaboration with UNAIDS, ARASA and African Men for Sexual

Health and Rights (AMSHER) was delivered to the Commission for consideration during their private session. The report provides a framework for an African human rights-based response to HIV, illustrates what human rights law demands of States in the context of HIV, and describes both barriers and good practices for effective rights-based responses.

“The Commission is a critical instrument for enforcing human rights in Africa. We commend the Commission for its leadership in ensuring that human rights are at the centre of the HIV response. The advancements in medicines for HIV and models of care cannot be of any use unless people’s human rights are respected and structural barriers to accessing HIV care and treatment are removed,” said Michaela Clayton, Director ARASA. “Our hope is that this report will contribute to the growing knowledge and evidence to be used at various levels on the continent to do advocacy”.

Also during the 62nd Session, ARASA supported Pleaders of Children and Elderly People at Risk (PEPA), an ARASA partner working in the Democratic Republic of Congo (DRC) to present a shadow report to the Commission, because the official state report from the DRC was up for review. Hard copies in English and French shadow reports were hand delivered to the Commissioners, and the questions from the Commissioners to the State Delegation of the DRC, as well as the responses from the State Delegation were noted.

“The state review mechanism at the Commission provides a tool to hold states to account, and the submission of the shadow report by PEPA is important to ensure that partner’s issues are taken into account when the Commission questions the states report,” explained HeJin Kim, ARASA’s Regional Key Populations Programme Officer who represented ARASA during the session. “Should issues raised in the shadow report be included in concluding recommendations from the Commission, it provides for a tool to use in national level advocacy.”

ARASA’s participation of the public sessions of the ACHPR, and that of other ARASA partners who also attend – including some who have gained observer status themselves – is essential to ensure that the Commission remains a space where we can further regional advocacy, strengthen accountability on human rights, and protect the space for civil society to influence the outcomes of the Commission sessions.